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(((H19000141534 3)))



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 Phone : (305)552-5973 : (305)675-5944 Fax Number

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

## FLORIDA PROFIT/NON PROFIT CORPORATION **AXIS.VP. CORP**

Certificate of Status	0
Certified Copy	1
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Corporate Filing Menu

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE 1 NAME: The name of the corporation is:	
AXIS. UP. CORP	
ARTICLE II PRINCIPAL OFFICE:	
The principal street address and mailing address is:	
HOUD WILL IND NOT NOT	
Donal Fl. 32178	
ARTICLE III SHARES: The number of shares of stock is: 100	
ARTICLE IV INITIAL DIRECTORS AND (CO. C.)	
A 1	
AFXONDER DEPOS COBALLOS (P)	
Theila 1000-1	
DORILA ISABEL TEJODA (UP)	
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:	
The name and Florida street address (PO Box not acceptable) of the registered agent is:	
MEXANDER DENS CEBATIONS	
4990 UN 102 NUT # 203	
DORAL FL 33178 50 N	
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:	
TOO TENEL CEDALLOS	
4990 NW 102 Ave #1203	

## Required Signatures:

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Registered Agent Dut-29-19
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

04-129-19

19 APR 29 PH I2: 02

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